

4730

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>97</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>414</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
No. <u>910 Live Oak St.</u> St. _____ Ward _____			
2. Full name of child <u>Gil Valenzuela</u> If child is not yet named, make supplemental report, as directed			
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
		6. Legitimate? <u>yes</u>	7. Date of birth <u>Sept. 1, 1922</u> (Month, day, year)
8. FATHER Full name <u>Juan Valenzuela</u>		14. MOTHER Full maiden name <u>Theresa Fronceta</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>28</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>miner</u> Nature of Industry _____		19. Occupation <u>Housewife</u> Nature of Industry _____	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 A. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____ (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ (Month, day, year)

751-901-361
Registrar.

Filed Sept 1, 1922 A. R. Hare Local Registrar.

Filed Sept 6, 1922 B. J. J. J. County Registrar.